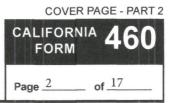
1

Recipient Committee Campaign Statement Cover Page			Pete Stamp RECEIVED	CALIFORNIA 460
	Statement covers period from 07/01/2020	Date of election if applicable: (Month, Day, Year)	SEP 24 2020	Page 1 of 17
SEE INSTRUCTIONS ON REVERSE	through 09/19/2020	11/03/2020	ity Clerk's Office City of Hemet	€
1. Type of Recipient Committee: All Committees - Com	aplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Recall (Mer Couplete Part 5) Canada Committee Canada Couplete Part 5) Canada Couplete Pa	rimarily Formed Ballot Measure committee Controlled Sponsored Complete Part 8) imarily Formed Candidate/ ficeholder Committee Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	Specimention)	rterly Statement ial Odd-Year Report
a. administra introllingnen	NUMBER 27968	Treasurer(s) NAME OF TREASURER Sharon Geiser		
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	E AREA CODE/PHONE	MAILING ADDRESS CITY NAME OF ASSISTANT TREASURE	STATE ZIP CO	DE AREA CODE/PHONE
WAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CODE	AREA CODE/PHONE	СПУ	STATE ZIP COL	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	S	
Verification		Research	THE RESIDENCE OF THE PARTY OF T	
I have used all reasonable diligence in preparing and reviewing certify under penalty disperjury under the laws of the State of Ca Executed on The Determine State of Ca Executed on The Determine State of Ca Determine State of Ca	this statement and to the best of my knowledgering that the forest and the best of my knowledgering that the forest and the best of my knowledgering that the best of my knowledgering the best of my knowledgering that the best of my knowledgering the my knowledgering that the best of my knowledgering that the best of my knowledgering that the best of my knowledgering the my knowledgering that the best of my knowledgering the my knowledgering the best of my knowledgering the my knowledgering the my knowledgering the best of my knowledgering the m	elars. To		dules is true and complete. 1
Executied on	By Signal	ture of Controlling Officeholder, Candidate, Stat	,	
Executied on	BY	ILER Of COntrolling Officebooks Considera State		-

FPPC Form 460 (lan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2



5.	Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Measure (Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
	DeniAntoinette Mazingo							
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	T	SUPPORT
	Hemet City Council - District 1							OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP						
I				Identify the controlling officer	nolder, candid	date, or state	measure prop	onent, if any.
				NAME OF OFFICEHOLDER, CAN	IDIDATE, OR P	ROPONENT		
	Related Committees Not Included in this State	ement: List any committees						
	not included in this statement that are controlled by you or	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
	contributions or make expenditures on behalf of your candi	dacy.						
	COMMITTEE NAME	I.D. NUMBER						
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candi	idate/Office	eholder Co	mmittee Li	ist names of
	NAME OF TREASURER	YES NO		officeholder(s) or candidate(s) t	for which this	committee is j	primarily forme	ea.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
								OPPOSE
	CITY STATE ZIP CO	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	
								SUPPORT
	COMMITTEE NAME	I.D. NUMBER						OPPOSE
				NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
								OPPOSE
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
	COMMITTEE ADDRESS ADDRESS (NO DO D	YES NO						OPPOSE
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)						
	CITY STATE ZIP CO	DDE AREA CODE/PHONE		***				
	STATE ZIFO	ANEX CODEN HONE		Attac	h continuatio	on sneets if n	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement c	overs period	FORM 46						
through	2020	Page 3	of					
		I.D. NUMBE	2					
		1427968						

Mazingo for Hemet City Council 2020 **Calendar Year Summary for Candidates** Column B Column A **Contributions Received** CALENDAR YEAR Running in Both the State Primary and TOTAL THIS PERIOD TOTAL TO DATE (FROM ATTACHED SCHEDULES) **General Elections** 3,684.95 3,684.95 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0 Loans Received...... Schedule B, Line 3 20. Contributions 3,684.95 3,684.95 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 Received 5,533.00 5,533.00, Nonmonetary Contributions..... Schedule C, Line 3 21. Expenditures Made 9,217.95 9,217.95 TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditure Limit Summary for State Expenditures Made** 2,835.76 2,835.76 **Candidates** 6. Payments Made..... Schedule E, Line 4 0 0 7. Loans Made..... Schedule H, Line 3 22. Cumulative Expenditures Made* 2835.76 2,835.76 (If Subject to Voluntary Expenditure Limit) SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 0 Date of Election Total to Date (mm/dd/yy) 5,533.00 5,533.00 10. Nonmonetary Adjustment Schedule C, Line 3 2,835.76 2,835.76 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 3,684.95 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 2,835.76 15. Cash Payments Column A, Line 8 above amounts in Column A may 849.19 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ $\frac{0}{2}$ only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents...... See instructions on reverse FPPC Form 460 (Jan/2016)) 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A

Amounts may be rounded

SCHEDULE A

Monetary	Contributions Received	to	whole dollars.	Statement cover from 07/01/2020		FOR	
SEE INSTRUCTI	ONS ON REVERSE			through	20	Page 4	of
NAME OF FILER Mazingo for	Hemet City Council 2020					1.D. NUMBE 1427968	ER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
07/21/2020	Carol Cripps	IND COM OTH PTY SCC	None	100.00	100.00		
07/21/2020	Judith Rice	☑IND □COM □OTH □PTY □SCC	None	100.00	100.00		
08/11/2020	Carol Cripps	☑ IND □ COM □ OTH □ PTY □ SCC	None	100.00	200.00		
09/03/2020	Judith Rice	☑ IND □ COM □ OTH □ PTY □ SCC	None	100.00	200.00		
09/03/2020	Carol Cripps	☑IND □COM □OTH □PTY □SCC	None	150.00	350.00		
			SUBTOTAL \$	550.00			
Amount re (Include al Amount re	A Summary eceived this period – itemized monetary contributions Il Schedule A subtotals.) eceived this period – unitemized monetary contributions		\$	0.00	IND – COM OTH - PTY -	Other (e.g.Political Pa	Committee n PTY or SCC) , business entity)
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page. Co	olumn A. Line 1	.) TOTAL \$ ^{3,6}	84.95		FPPC Fo	orm 460 (Jan/2016))

Schedule A (Continuation Sheet) **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

Monetary	Contributions Received	to whole o	dollars.	Statement cove from <u>07/01/2020</u>	ers period		FORNIA 460
				through	20	Page _	5 of <u>/7</u>
NAME OF FILER	V Ch. C Hanna		-			I.D. NU	MBER
Mazingo for	Hemet City Council 2020						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EÁR	PER ELECTION TO DATE (IF REQUIRED)
08/10/2020	Micheline Carver	☑ IND □ COM □ OTH □ PTY □ SCC	None	100.00	100.00		
09/01/2020	Steve Rutledge	☑ IND □ COM □ OTH □ PTY □ SCC	None	100.00	100.00		
09/14/2020	Sharon Geiser	☑ IND □ COM □ OTH □ PTY □ SCC	None	375.00	375.00		
09/15/2020	Robert Westwood	☑ IND □ COM □ OTH □ PTY □ SCC	None	100.00	100.00		
09/17/2020	Beverly Scott	☑ IND □ COM □ OTH □ PTY □ SCC	None	50.00	100.00		
			SUBTOTALS	725.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

				from $\frac{07/01/2020}{}$		FC	ORM 400
NAME OF FILER Mazingo for	Hemet City Council 2020			through 09/19/202	20	Page	MBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
09/15/2020	Joy Silver	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	None	150.00	150.00		
07/31/2020	Mazingo for Assembly 2020 (Transfer, see below) 43430 E. Florida Ave., Hemet, CA 92544 ID 1417574	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
03/03/2020	Kenneth McCauley	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	None	150.00	150.00		
03/01/2020	Theresa Ward	☑ IND □ COM □ OTH □ PTY □ SCC	None	100.00	100.00		
02/25/2020	Ahmed Motlagh	IND COM OTH PTY SCC	Self Emploued Hemet Valley Exxon	1,000.00	1,000.00		
			SUBTOTAL	\$ 1,400,00			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole o	dollars.	Statement cov from $07/01/2020$ through $09/19/20$		CALIF FO	ORNIA 460
NAME OF FILER						I.D. NUN	
Mazingo for	Hemet City Council 2020					142796	8
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
02/21/2020	Democrats of the Desert 2200 B Douglas Blvd., Ste 140 Roseville, CA 95861 - ID 870135	☐ IND ☐ COM ☐ OTH ☐ PTY ☑ SCC		739.95	739.95		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	739.95			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

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L	Oa	an	S	R	e	ce	iv	e	d		

Amounts may be rounded to whole dollars.

	SCHEDOLL D-I AKT I					
Statement covers period	CALIFORNIA 460					
from <u>07/01/2020</u>	FORM	400				
through <u>09/19/2020</u>	Page 8	of				
	I.D. NUMBER					
	1427068					

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Mazingo for Hemet City Council 2020

						The same of the sa	NAME AND ADDRESS OF TAXABLE PARTY.	DESCRIPTION OF THE PERSON NAMED IN COLUMN 2 IN COLUMN 2 IN
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				\$ FORGIVEN	\$	% RATE	\$	\$ PER ELECTION**
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				\$ FORGIVEN	\$	% RATE	\$	\$PER ELECTION**
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID \$ FORGIVEN	\$	% RATE	\$	\$PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	\$	SUBTOTALS \$	5	\$	\$	\$		

(Enter (e) on Schedule E, Line 3)

(May be a negative number)

Schedule B Summary

1. Loans received this period\$ _ (Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period\$ ___ (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule B – Part 2 Loan Guarantors

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	SOILEDGEE D-TAIRT 2
Statement covers period from $\frac{07/01/2020}{}$	CALIFORNIA 460
through 09/19/2020	Page 9 of 17
	I.D. NUMBER
	1427069

Mazingo for Hemet City Council 2020					1427968				
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE			
	□IND □COM		LENDER		CALENDAR YEAR				
	OTH PTY SCC		DATE		PER ELECTION (IF REQUIRED)				
	□IND		LENDER		CALENDAR YEAR				
	□ COM □ OTH □ PTY □ SCC	□ OTH □ PTY	□ OTH □ PTY	□ OTH □ PTY		DATE		PER ELECTION (IF REQUIRED)	
					\$				
	□ IND		LENDER		CALENDAR YEAR				
	□ OTH □ PTY		DATE		PER ELECTION (IF REQUIRED)				
	□scc				\$				
	□IND		LENDER		CALENDAR YEAR				
	□ COM □ OTH □ PTY		DATE		PER ELECTION (IF REQUIRED)				
	□scc				\$				
			SUBTOTAL	\$ 0	Enter on Summary Page, Line 17 only.				

Schedule C Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Mazingo for Hemet City Council 2020 1427968 CUMULATIVE TO IF AN INDIVIDUAL, ENTER PER ELECTION AMOUNT/ FULL NAME, STREET ADDRESS AND DATE CONTRIBUTOR OCCUPATION AND EMPLOYER **DESCRIPTION OF** DATE TO DATE FAIR MARKET ZIP CODE OF CONTRIBUTOR CODE* GOODS OR SERVICES CALENDAR YEAR (IF SELF-EMPLOYED, ENTER RECEIVED (IF REQUIRED) VALUE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) **✓** IND Beer Guide Campaign 2,267.00 2,267.00 09/19/20 Angela Barnes COM Ritual Brewing co. Manager Потн PTY □scc **IND** 1,633.00 09/19/20 Sharon Geiser None Treasurer 1,633.00 ПСОМ Потн □ PTY □scc **✓** IND None Assistant 1,633.00 1,633.00 09/19/20 **Judith Rice** Псом Потн **□** PTY □scc ☐ IND Псом Потн PTY SCC **SUBTOTAL** \$ 5,533.00 Attach additional information on appropriately labeled continuation sheets. Schedule C Summary *Contributor Codes IND - Individual 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)....\$ COM - Recipient Committee (other than PTY or SCC)

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

OTH – Other (e.g., business entity)

 PTY - Political Party

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole dol		Statement covers period from $\frac{07/01/2020}{}$		CALIFORNIA 460	
	TIONS ON REVERSE			through 09/19/202	0	Page	
Mazingo for	Hemet City Council 2020					1427968	3
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVI CALENDA (JAN. 1 - E	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution					
		Nonmonetary Contribution					
	Support Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTAL	\$			
Schedule	D Summary						
	contributions and independent expenditures made						
	ed contributions and independent expenditures m						
Total con	tributions and independent expenditures made thi	s period. (Add Lines	and 2. Do not enter on	the Summary Page	e.) TO	TAL \$ _0	

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

	SCHEDULE E					
Statement covers period	CALIFORNIA 160					
from 07/01/2020	FORM 400					
through 09/19/2020	Page of					
	I.D. NUMBER					
	1427968					

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Mazingo for Hemet City Council 2020

campaign literature and mailings

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* IND POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense

PRO professional services (legal, accounting) VOT voter registration

PRT print ads

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Chevron 796 Ramona Expway. Hemeet, CA 92571	TRC	FUEL	156.52
Zoom 55 Almaden Blvd San Jose, CA	OFC	Computer App	149.90
Press Print 5085 Mission Hills Dr. Banning, CA 92220	CMP	Candidate Signs	570.94

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 877.36

Schedule E Summary

2,446,72 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100......\$

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CON

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from	california 460		
SEE INSTRUCTIONS ON REVERSE		through <u>09/19/2020</u>	Page of		
NAME OF FILER			I.D. NUMBER		
Mazingo for Hemet City Council 2020			1427968		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
National Organization of Colored Women 633 Pennsylvania Ave NW Washington, DC 20004	CVC	Dues	206.00
City of Hemet 445 E Florida Ave, Hemet, CA 92543	FIL	Filing Fee	500.00
Democrats of Hemet 530 1/2 E Florida Ave, Hemet, CA 92543	OFC	Rent	100.00
Promotivators 888 E. El Cid Circle Palm Springs, CA 92262	СМР	Yard Signs	763.36

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,569.36

www.fppc.ca.gov

Schedule F	Amounts may be round to whole dollars.	Statement cove	rs period	CALIFO	RNIA 460	
Accrued Expenses (Unpaid Bills)	rued Expenses (Unpaid Bills)				FOR	м
SEE INSTRUCTIONS ON REVERSE			through <u>09/19/20</u>	20	Page _1	4 of <u>17</u>
NAME OF FILER					I.D. NUMB	ER
Mazingo for Hemet City Council 2020		1427968				
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication meetings and appearar office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and more professional services (I PRT print ads	ns nces earch nessenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production cosputions cers' salaries time and product el, lodging, and mayel, lodging, and can committees of on	ion costs neals meals the same o	candidate/sponsor nail)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	THIS DEDI			DD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	5	<u> </u>	\$	
Schedule F Summary						
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a 	chedule F, Column (b) su accrued expenses under S	btotals for \$100.)	INCU	RRED TOTA	LS \$	
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p	edule F, Column (c) subtot payments on accrued exp	tals for payments on enses under \$100.).		PAID TOTA	LS \$	
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here and	1		N	IET \$	be a negative number
					FPPC F	Form 460 (Jan/2016)) a.gov (866/275-3772)

Amounts may be rounded to whole dollars.

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		ts may be r whole dolla		fr	Statement covers period om 07/01/2020	CALIFO FOR	
AFF WATER ATTENDED				th	nrough	Page 15	of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUMBE	R
Mazingo for Hemet City Council 2020						1427968	
NAME OF AGENT OR INDEPENDENT CONTRACTOR							
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense M O O O O O O O O O O O O O O O O O O	MBR member cor MTG meetings an OFC office expen PET petition circu PHO phone bank POL polling and s POS postage, del PRO professional PRT print ads	mmunication and appearan ases ulating as survey resea elivery and m I services (le	es ces arch essenger services	RAI RFI SAI TEL TRO TRS VO	radio airtime and production of returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and staff/spouse travel, lodging, ar transfer between committees of	ction costs meals nd meals of the same c	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPT	ION OF PAYMENT		AMOUNT PAID

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PATMENT	AWOONT FAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $\mathbf{0}$

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

SCHEDULE H Statement covers period Schedule H Amounts may be rounded CALIFORNIA to whole dollars. from 07/01/2020Loans Made to Others* **FORM** Page 16 of 17 through . SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Mazingo for Hemet City Council 2020 1427968 IF AN INDIVIDUAL, ENTER FULL NAME. STREET ADDRESS AND ZIP CODE OUTSTANDING OUTSTANDING ORIGINAL **CUMULATIVE AMOUNT** OCCUPATION AND EMPLOYER REPAYMENT OR OF RECIPIENT INTEREST BALANCE **BALANCE AT** AMOUNT OF OANED THIS LOANS (IF SELF-EMPLOYED, ENTER **FORGIVENESS BEGINNING THIS CLOSE OF THIS** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED LOAN NAME OF BUSINESS) PERIOD THIS PERIOD* TO DATE PERIOD PERIOD CALENDAR YEAR ☐ PAID RATE FORGIVEN PER ELECTION" DATE DUE DATE INCURRED ☐ PAID CALENDAR YEAR RATE FORGIVEN PER ELECTION* DATE INCURRED DATE DUE *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be SUBTOTALS \$ reported on Schedule E. (Enter (e) on Schedule I, Line 3) **Schedule H Summary** 1. Loans made this period\$

(Total Column (b) plus unitemized loans of less than \$100.)

(Total Column (c) plus unitemized payments of less than \$100.)

(Enter the net here and on the Summary Page, Column A, Line 7.)

2. Payments received on loans\$

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$

(May be a negative number)

**If Required

Schedule I		Amounts may be rounded			SCHEDULE			
	ous Increases to Cash	to whole doll			covers period	CALIFORNIA 460		
				from $\frac{07/01/2}{}$	2020	FORM TOO		
SEE INSTRUCTIO	NS ON REVERSE			through _09/1	19/2020	Page 17 of 17		
NAME OF FILER	NO ON REVERSE					I.D. NUMBER		
Mazingo for H	emet City Council 2020							
DATE	FULL NAME AND ADDRESS OF SOURCE	E	DES	CRIPTION OF REC	EIPT	AMOUNT OF		
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		,			INCREASE TO CASH		
		, , , , , , , , , , , , , , , , , , , ,	,					
Attach addit	tional information on appropriately labeled continuation shee	ets.			SUBTOTAL	\$		
Schedule 1			, , , , , , , , , , , , , , , , , , , 					
Itemized in	creases to cash this period.			\$		-		
2. Unitemized	increases to cash of under \$100 this period			\$		-		
3. Total of all i	interest received this period on loans made to others.	(Schedule H, Column	(e).)	\$		-		
4. Total misce Summary F	ellaneous increases to cash this period. (Add Lines 1, Page, Line 14.)	2, and 3. Enter here a	nd on the	TOTAL \$	0	- FDDC Form 450 (1 /2045))		
2	-9-,,			•		FPPC Form 460 (Jan/2016)) ce@fppc.ca.gov (866/275-3772)		

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